

ROYAL COMMISSION ON LUNACY AND MENTAL DISORDER.

(Continued from page 820.)

THE sittings of the Royal Commission on Lunacy and Mental Disorder were resumed on November 4th, under the chairmanship of the Right Hon. H. P. MACMILLAN, K.C.

Evidence of Medical Superintendents of Poor Law Infirmaries.

DR. A. L. BALLY, medical superintendent of Lambeth Infirmary, was the first witness. He said that the accommodation for mental cases in his institution consisted of four wards with 50 beds for women, and one ward with 11 beds for men; he hoped to increase the accommodation on the male side within the next few months. The cases which came under observation ranged through every degree of mental disorder. A magistrate attended two days a week for the purpose of certification. During the year ending March 31st last the number of persons brought before this magistrate was 615; the majority (453) were admitted on the request of the relieving officer or the police under Section 20 of the Lunacy Act, which provided for three days' detention; other cases were transferred to the mental department from the general wards of his own or another institution. Of the 453 cases on three days' detention, 193 were afterwards transferred to mental hospitals, in 111 other cases the orders were allowed to lapse, and the remaining 149 were either eventually discharged or transferred to the general wards. Very many of these cases were technically short of lunacy, and yet it was advantageous to the patient to be for a time under control. The cases transferred to mental hospitals were those amenable to treatment, for which there was no provision in the Poor Law infirmary; cases retained in the infirmary were chronic, and mostly senile. The constant difficulty with which he was faced was not in saying whether a person was of unsound mind, but whether it was proper to place him in a mental hospital; the answer to this second question depended largely on the patient's home conditions. A scheme whereby persons of unsound mind might be placed on trial without certification would remove a great deal of the difficulty. The friends of the patient were almost invariably anxious that he should not be certified, and many of the cases of mental unsoundness which found their way to a Poor Law infirmary were obviously of a temporary nature. Domestic troubles accounted for not a few of them, and he had actually had cases in which husband and wife alternately sent one another to the receiving institution! Unemployment was a fertile cause of mental instability. Cases which proved after observation to be clearly not certifiable were mentioned to the magistrate on his visit and discharged at once, unless the patients happened to be suffering from physical ailments, in which case they were sent to the general wards. In certain cases in which it was not clear that discharge should be given, and which it was desirable to keep under observation for a longer time, he had certified but suspended the certificate, so that the patient was not sent immediately to a mental hospital, and if he recovered neither he nor anyone else was aware of the fact of certification.

The witness was examined at some length on this expedient, and EARL RUSSELL pointed out that although no harm might be done, the person so dealt with could not bring an action for slander against someone who asserted that he had been certified. Asked as to his own position should an aggrieved patient take action, the witness expressed the view that any medical practitioner giving a certificate of any kind ought to be protected in the same way as a witness giving evidence on oath. He had taken legal advice on his own liability, and had received some reassurance. Asked from whom the advice had been taken, he said that it was from a Commissioner of the Board of Control, at which there was some laughter among the members of the public present. The witness added that the apprehension of legal troubles was now very acute among private practitioners, who were showing a disinclination to participate in the administration of lunacy law.

Asked with regard to the position of the relatives of a patient, DR. BALLY said that in every case an effort was made by the relieving officer, and if necessary by the police, to trace the relatives. The chargeability for the patient was the motive in so doing, but as a medical officer he wanted the assistance of the relatives for another reason—namely, that he might learn the history of the case and their wishes with regard to the patient.

Some discussion arose on the cases of patients suffering from delirium or other mental symptoms accompanying fevers, and the witness said that in his experience these cases occasionally came within the operation of lunacy administration. Such cases as uraemia were sometimes transferred, for greater con-

venience in administration, from the general wards in another institution to the mental wards in his own, and the Lunacy Act had to be invoked to secure the transfer. Only a small percentage of such people were eventually certified, and if an insanity appeared to be due to a physical condition he always did his utmost to retain the patient instead of letting him go to a mental hospital. With regard to alcoholic cases, it appeared to be a matter of chance whether a person whose mental condition was due to alcoholic excess was taken to the police-station or the lunacy ward.

In reply to other questions, DR. BALLY put forward an objection to the hard and fast segregation of mental cases. He thought there were advantages in treating mental cases in a general institution, not only because the stigma was thereby removed, but because the patient had the advantage of supervision and treatment by a general medical staff. He thought that it would be sufficient to have, in addition to the staff of a general hospital, a special mental consultant. The Chairman said that the Commission would certainly desire to diminish the distinction between mental and other illnesses, but the fact could not be overlooked that mental disease had the peculiar feature of disturbing the responsibility of the citizen. Moreover, the stay of a patient in a general hospital was usually short, but mental disease, unhappily, ran a long course, and was often permanent. The symptoms in many cases were also such as to make it undesirable to associate persons suffering from mental disorder with rational patients. The witness replied that this was not necessarily the case. He maintained that a very large class of mental cases could be treated in a general ward; for others a separate ward would be necessary, and for incurable cases there had better be a separate block, if not a separate institution. In reply to Sir Humphry Rolleston, he agreed that it would be an advantage for assistant medical officers in Poor Law institutions to be seconded for a short period to mental hospitals; if Poor Law institutions obtained power to retain curable patients for a longer period than was at present allowed it would certainly be necessary to have on the staff medical officers who were expert in the treatment of mental disorder. A member of the public desired that some questions should be put to the witness with regard to the provision in the medical curriculum for the study of mental cases, but the Chairman said that this information would be forthcoming from a representative of the General Medical Council whom it was intended to call.

DR. J. DUDGEON GILES, medical superintendent, Salford Union Infirmary, said that he had one male ward with 70 beds for mental cases, and two female wards with a total of 100 beds. Among about 900 patients in his infirmary he had an average of 150 mental cases. About 80 per cent. of these patients were brought to the institution by a relieving officer or the police, and kept on a three days' detention order. A very small proportion of these were discharged within the three days, and the remainder were placed on the fourteen-day order for observation, Section 24 of the Act being invoked to admit of the fourteen-day detention. A certain number were then found to be certifiable and were removed to the mental hospital; others—chronic cases—were placed under a permanent detention order. If one order lapsed without a definite step being taken the patient was discharged altogether to another ward and "tried out" for a day or two, and if the symptoms still remained the matter was taken up *de novo*. He felt strongly that a period of observation and provisional treatment, with some sort of control, should be allowed by law before certification. But it was very necessary to have some power to say to relatives that a particular patient during a certain period must not be taken out of the institution. Provision for treatment without certification would certainly encourage people to come forward voluntarily at an early stage of their malady. He thought that the fourteen days' detention period might usefully be extended to a month. He agreed with the Chairman, as the previous witness had done, that the programme of action as set out in the Lunacy Acts was not at all well defined; the system, interpreted as it had been by intelligent and sympathetic medical officers, had not worked badly, but it was very desirable to have some simplification.

AN International Catholic Missionary Exhibition will be opened in Rome on December 25th, and will remain open during next year. The medical section of this exhibition is being organized by several professors, and special attention is being paid to tropical diseases. Educational exhibits are being collected from various countries, including England.

We have received a copy of *Revista dos Cursos*, 1924, Anno x, N. 10, the official organ of the Faculty of Medicine of Porto Alegre, Brazil. The issue contains an introductory address by Professor Fabio Bairos, occupant of the chair of physiology, followed by seventeen clinical lectures on various medical and surgical subjects, which are illustrated by numerous photographs and skiagrams.